



St John Henry Newman
Catholic School

Scalegate Road, Carlisle, Cumbria CA2 4NL
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13 May 2024

Dear Parent / Carer

CASTLERIGG RESIDENTIAL

Thank you for your interest in sending your child to our school retreat to Castlerigg Manor on **Monday 1 July until Friday 5 July 2024**. I would like to invite you to a parent's meeting to discuss the trip on **Wednesday 22 May at 4.15 pm** to be held in the hall at St John Henry Newman Catholic School. Please use the pupil entrance and doors will be open from 4.05 pm.

Thank you to those who have paid for the trip in full. If you have not completed payment can I remind you that the total cost of the trip is **£190.00**. If there are any problems, or if you have any further questions regarding costs, please contact the school as soon as possible.

Parents should be aware that fees are non-refundable in the event of non-attendance.

Whilst on the trip, can we please request that pupils do not bring excess money. The Manor has a tuck shop, and there is a walk into Keswick town centre on the **Friday where your child will need some money to buy their lunch** before we return to school, though any spending money should be kept to a **maximum of £30**.

Could we also request that all electronic items are left at home as they shall not be needed (iPads, Kindles, iPods etc). Any that are brought shall be confiscated and kept in the Manor safely for the duration of the trip. Children will be allowed to bring a mobile phone, though it shall be kept in a safe place in the Manor and will be returned during the evenings for those who wish to contact home.

Please also find attached a kit list recommended for the week. In addition, **please complete the attached form C including dietary requirements and allergies and hand in to Mrs Radcliffe at the parents meeting or as soon as possible if you are not able to attend**. This form is essential if your child is ill while on the trip or is taking any medication. All medication should be labelled clearly with your child's name and handed to Mrs Radcliffe on 1 July. Any new medication prescribed after you have handed in the form C should also contain a note to explain the medical condition and dosage before handing to Mrs Radcliffe.

Once again, thank you for your interest in this retreat. Should you have any further questions, please do not hesitate to contact me.

Yours sincerely

Mrs J Radcliffe

Mrs J Radcliffe, RE Department

Castlerigg Manor - Kit List

- Toiletries – tooth brush, tooth paste, soap, face cloth, deodorant, shampoo, brush or comb
- Sleeping bag or duvet cover
- Towel/s
- Appropriate clothing suitable for both indoor and outdoor wear
- Clean shoes/trainers – to be worn at all times in the Manor (no bare feet or slippers)
- Walking boots with ankle support (**optional** - the Manor has boots that pupils can borrow)
- Outdoor jacket/hoodie (waterproof jackets can be supplied by the Manor)
- Wallet or purse
- Any required medication bagged and labelled to hand in to Group Leader

CUMBRIA COUNTY COUNCIL

**EDUCATIONAL VISIT
PARENTAL CONSENT/INDEMNITY**

To be distributed with information sheet giving full details of the visit.

Please complete this Form as fully as possible. The completing of this form will not only consent the pupil stated below to attend and participate in activities as described in documentation given to you by the School/establishment, but also, provide essential information in the event of an emergency. If you have any queries as to the nature of activities or conduct of the educational visit, please do not hesitate to contact the group leader in charge of the visit. If you require any assistance in completing this Form, please contact your child's class teacher.

Establishment/Group: St. John Henry Newman Catholic School

Name of Participant: _____ **Date of Birth:** _____

Home Address: _____

Post Code: _____

1. Details of Visit

Visit to: Castlerigg Retreat

Dates: **From :** 1pm 1.7.2024 **to :** 3pm 5.7.2024

I have read the information sheet and hereby consent to the attendance of my son/daughter, upon the above educational visit. I also agree to his/her participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. Medical Information about your child

(a) Any conditions requiring medical treatment, including medication? YES/NO

If **YES**, please give brief details and describe the medication, dosage and frequency required:

(b) Please outline any food or other allergies and special dietary requirements of your child:(Including fussy eaters)

(c) Any recent illness or accident which staff should be aware of?

(d) The type of pain/flu relief medication your child may be given if necessary:

(e) Does your child suffer from travel sickness? YES/NO if yes please send medication for the journey

For residential visits and exchanges only

(f) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If **YES**, please give brief details:

(g) Is your son/daughter allergic to any medication e.g. penicillin/elastoplast?
If **YES**, please specify:

YES/NO

(h) Approximately when did your son/daughter last have a tetanus injection? _____

DECLARATION

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I confirm that the contact details given below are to be used in the event of an emergency or in the event of my son/daughter being returned home for some other legitimate reason and that at least one of the named contacts will be available throughout the duration of the off-site visit.

3. Additional Information

Do you have any additional comments?

4. Contact Telephone Numbers

Pupil Mobile No.: _____

Parent Mobile No: _____

Parent Daytime/Work: _____

Evening/Home: _____

Alternative emergency contact: (please give two alternative contacts)

Name: _____ Tel. No.: _____

Name: _____ Tel. No.: _____

Name of Family Doctor: _____ Tel. No.: _____

Address: _____

Signed (Parent/Guardian):

Date:

Full Name (capitals): _____

PLEASE RETURN THIS FORM TO Mrs Radcliffe

THIS FORM, OR A COPY, MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT(S).